

are maintained on placebo medication during equivalent periods of time.

2. Weight loss in both placebo and treated groups are more notable when dietary plans are detailed and maximum caloric intakes are calculated for each patient on the basis of height and body build, in contrast to weight losses associated with less rigid programs involving nonspecific dietary restrictions.

3. Fewer patients treated with placebo can maintain the personal motivation required to complete a weight reduction program, in comparison to patients treated with an amphetamine formulation or related product. There will be significantly more dropouts in the placebo group prior to completion of the study requirements.

4. The most important aspect in a weight reduction program is personal motivation. Unless highly motivated an individual cannot stay on a diet and no program will be successful.

5. Patients do not appear to become resistant to the effects of amphetamine, rather they gradually lose motivation.

6. Very obese patients have great difficulty in reducing caloric intake and losing significant amounts of weight with or without an amphetamine crutch. Such individuals are often called compulsive eaters or food addicts.

7. The amount of attention paid to the trials and tribulations of obese subjects is directly proportional to the success attained. Reviewing progress, counseling, gentle persuasion and strong encouragement are important facets of a weight-reduction program.

A rather dramatic illustration of the profound influence of the human psyche on eating habits is afforded by reviewing results of administration of sympathomimetic drugs to experimental animals. In the so-called lower forms these drugs are truly anorexigenic—appetite reducing—drugs. Most of us regard our canine friends as the most hedonistic of all creatures when it comes to food. Yet dogs given amphetamine will frequently stop eating entirely and literally starve themselves to death. The effects in rats and monkeys are a little less extreme but still remarkable. None require diet programs, motivation, tender loving care or any of the other forms of psychological bolstering so important for humans.

Clearly, if we resembled our animal predecessors just a little more closely, amphetamines might be fine, reasonably safe drugs for treatment of obesity. True, they may produce numerous side effects such as anxiety, tenseness, restlessness, throbbing headaches, tremors, weakness, dizziness, and palpitations and, most important, difficulty in sleeping. But the side effects are usually controllable by dose reductions and tend to abate with continued use.

Surprisingly, the stress which amphetamines induce on the system does not appear to produce any appreciable harm with moderate doses during short periods, except possibly to individuals with advanced cardiovascular disease.

Rather the problem with the amphetamines as with many other drugs which affect the central nervous system relates to that intricate, mysterious, perverse tissue mass, the human brain; responsible for the indefinable human psyche. During a relatively short span of availability, amphetamines have emerged as major drugs of abuse.